

Name in Full

Certificate of Death

Eliza Bradley

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

4

Age 72

Md

House keeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living.~~~~Husband~~ of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

William I Brown

Town

County

MARYLAND

Died at *near Salisbury* *Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

Jan.

7

Age

77-8

Maryland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

18

Husband of

Wife

Father's

Name

Riddle Brown

Mother's

Maiden Name

120

Cause of

Primary

General Arterio-sclerosis

How long sick

1 year or more

Death

Immediate

Uremia &amp; Heart failure

~~Accident, Suicide, Homicide~~

Reported by

Louis W. Morris M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs Lizzie Collins

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 3

Age

22 years

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

Husband  
of  
Wife

Thomas Collins

Father's  
Name

Joseph Brattan

Mother's  
Name

Easter Gandy

Cause of

Primary

Neuralgia of Heart

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

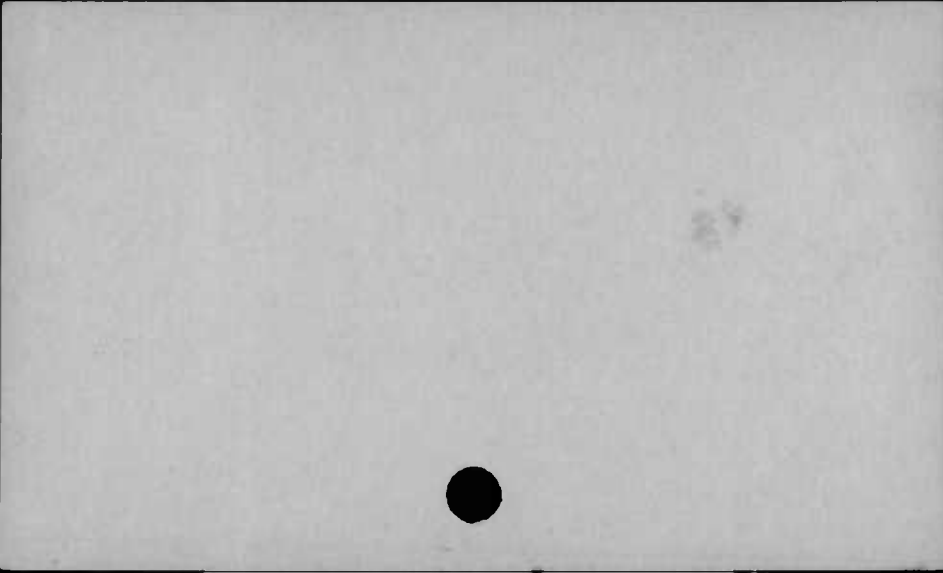
Robert Ellwood 179

Address

Dr. Collins Dr.

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8768



Name  
in  
Full

Edward Leary

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Salisbury</i>			Town <i>Memphis</i>		County		MARYLAND	
Date <i>1903</i> of death <i>190</i>	Month <i>January</i>	Day <i>13</i>	Age <i>60</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>					
Married, Single or Widowed <i>Married</i>			Occupation					
Name of Wife or Husband <i>✓</i>								
Father's Name <i>✓</i>						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information <i>179</i>						How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>18 months or 1 year</i>
Immediate <i>&amp; heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>over</i>

There was no Physician in  
attendance and I dont know  
the immediate cause of death  
he had been paralyzed and become  
helpless. had been so for a long time  
perhaps nearly 2 years.

Geo. E. Hull  
Undertaker



Name in Full

Certificate of Death

Charles O. Darby

Town

County

Died at

Hebron

Wicomico

MARYLAND

Date 1903

Month

Day

1 27

Y.

M.

D.

Age 24 1 10

Native of

Occupation

Maryland Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Obadiah Darby

Mother's

Maiden Name

Sarah P. Darby

Cause of

Primary

Dropsy

Death

Immediate

Paralysis

66

How long sick

18 months

Accident, Suicide, Homicide

Reported by

A. L. Sealman

Address

Mardela

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

*Charity Dackell*  
 Town County

Died at *Salisbury* *Wicomico* MARYLAND

Date 19 *03* Month *Jan.* Day *5* Y. *62* M. D. Native of Occupation *Servant*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* *Single* *Widower* Number of children living *Four*

Husband of  
 Wife

Father's Name Mother's Name  
 Maiden Name

Cause of Primary *Pneumonia* 93 How long sick  
 Death Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *Louis W. Womio, M.D.*

Address *Salisbury Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1903

Month

Jan

Day

19

Age

Years

Months

29 Days

Sex

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameMother's  
Maiden NameName of person giving  
In formationColor or  
Race

Occupation

Birth-  
place

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

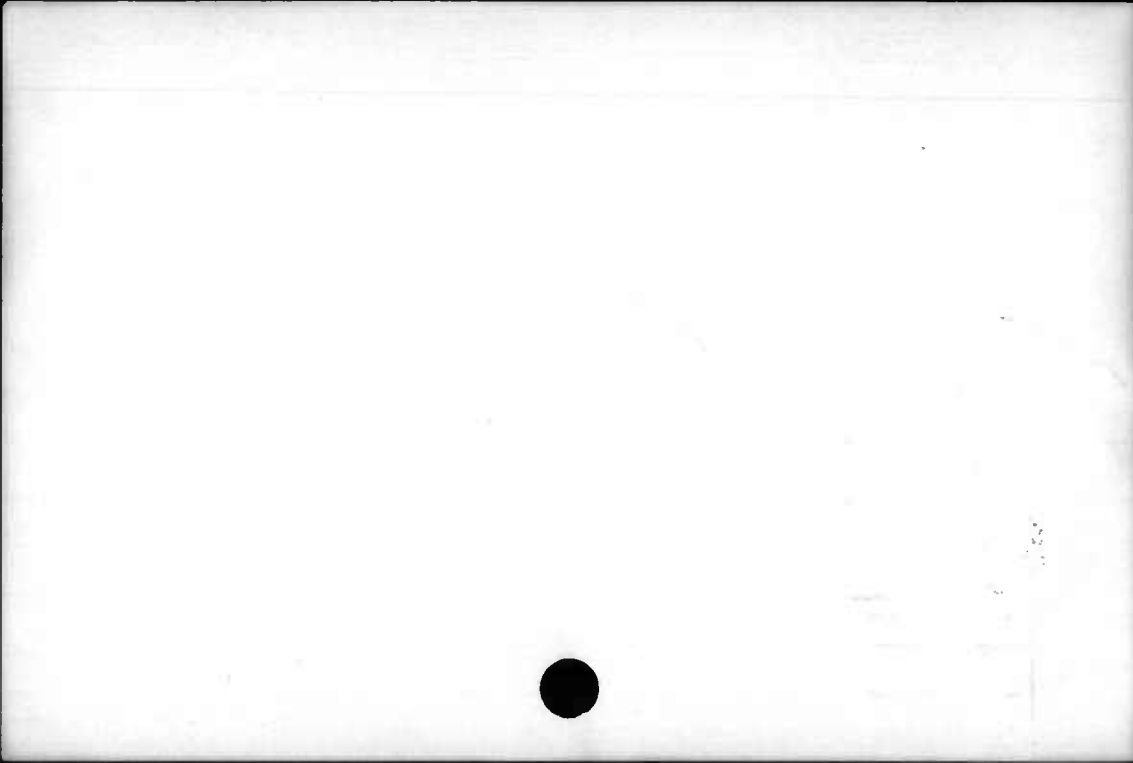
Address

How long

How long

Accident or Suicide?

PHYSICIAN  
OR CORONER



John E. Hitchens  
 Town Salisbury County Wicomico  
 Died at Salisbury Wicomico MARYLAND  
 Date 1903 Jan. 17 Month Day Y. M. D. Age 48 Native of Del. Occupation Laborer  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living  
 Husband of Widower  
 Father's Name Joseph Hitchens Mother's Name Mary  
 Cause of Death Primary General Atherosclerosis - Sclerosis  
 Immediate Cerebral Complications  
 How long sick 3 weeks  
 Accident, Suicide, Homicide  
 Reported by Louis W. Morris M.D.  
 Address Salisbury Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Miranda Hudson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Salisbury		<sup>County</sup> Wicomico		MARYLAND	
Date of death 1903	Month Jan	Day 5	Age Years 86	Months	Days
Sex Female	Color or Race Black		Birth-place Md		
Married, Single or Widowed Widowed			Occupation General work		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information John Hudson			How related to deceased Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infirmities of Age 154	How long	Don't know
Immediate	Heart failure	How long	not 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. B. Simmons	
		Address Salisbury Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

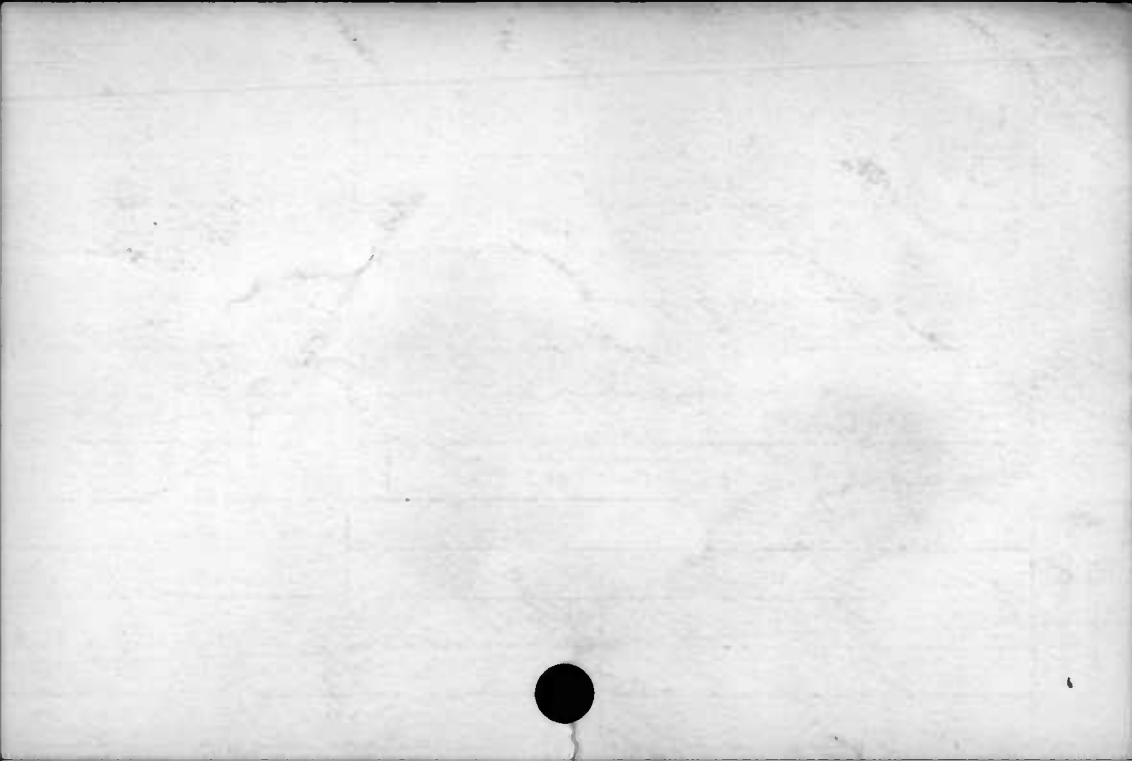
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Jones</i>		Town <i>Salisbury, Md</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury, Md</i>		Month <i>1</i>		Day <i>19</i>		Age <i>Don't know</i>	
Date of death 190 <i>3</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Bridgetown Del</i>			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or <del>Husband</del> <i>Geo. H. Jones</i>							
Father's Name <i>Jordan Johnson</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Dianna Cornish</i>				Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Geo. H. Jones -</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>		How long <i>4 hrs</i>	
Immediate <i>Don't know; was gasping her last breath</i>		How long <i>4 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Smith</i>	
Address <i>Salisbury Md</i>		Address <i>Salisbury Md</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Annie Martha Kersey

## CERTIFICATE OF DEATH

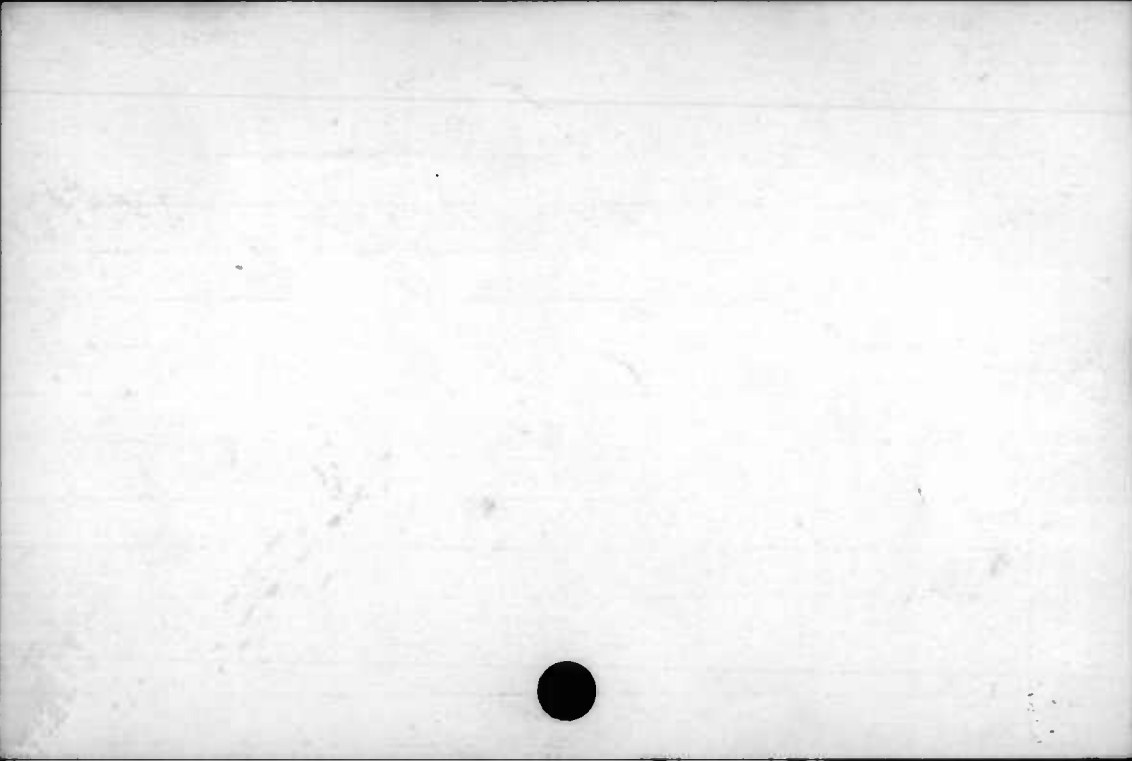
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death 1903	Month Jan	Day 30	Age 49	Years	Months 11	Days	
Sex Female	Color or Race White		Birth- place Seaford Del				
Married, Single or Widowed Married			Occupation				
Name of Wife or Husband George W. Kersey							
Father's Name Samuel Holt				Father's Birthplace Del			
Mother's Maiden Name Comfort Lank				Mother's Birthplace Del			
Name of person giving In formation George H. Kersey				How related to deceased Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Myocardial insufficiency	How long	Five years
Immediate	Pulmonary edema	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Joseph H. [Signature]	
Address		Salisbury, Md	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

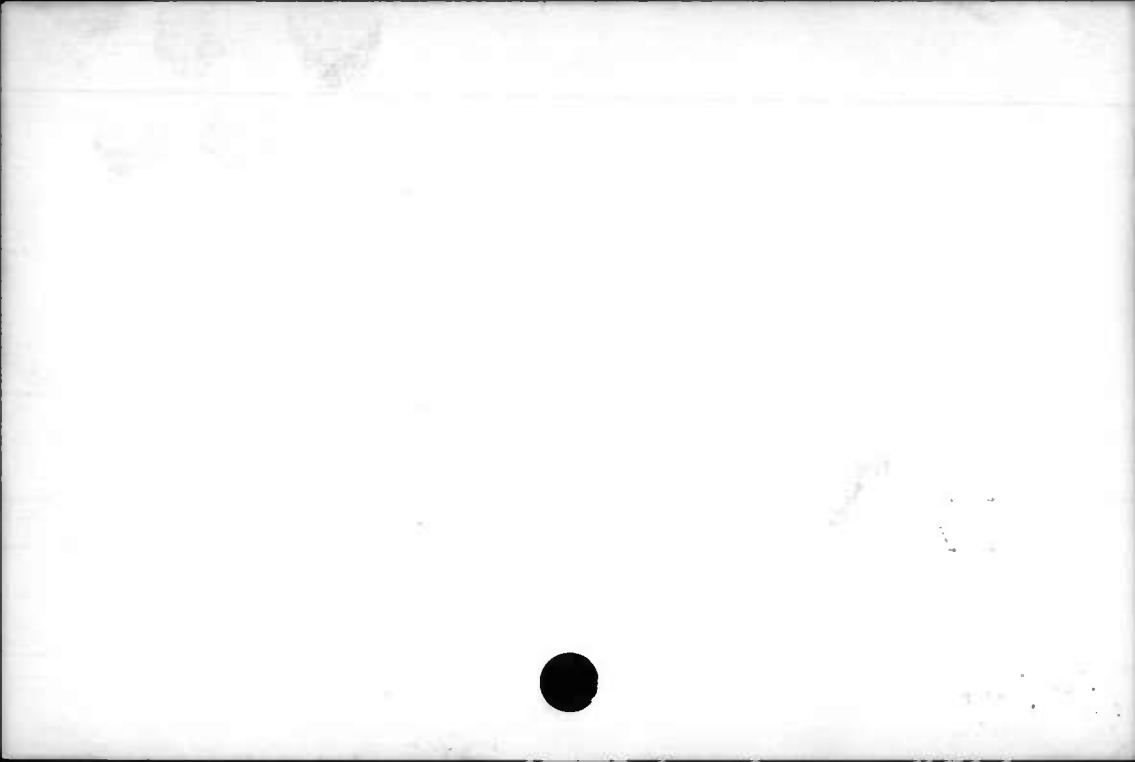
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	13	Day	Age	75
Sex		Female		Color or Race		Black	
Married, Single or Widowed		Single		Occupation		house keeper	
Name of Wife or Husband		Henry Leonard					
Father's Name		Charles Morris				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		Joseph Leonard				How related to deceased	
						Grand son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	I don't know the cause of her death	How long	about 2 weeks
Immediate	she had no Doctor	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. C. Hill	
Address		Undertaker	
Accident or Suicide?		Salisbury Md.	





Daniel Lewis

Town

County

MARYLAND

Died at ~~res~~ Salisbury

Anne Arundel

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Jan. 20

Age

Married.

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

120

Cause of

Primary

Chronic Bright's Disease.

How long sick

6 months

Death

Immediate

Died Suddenly,

Accident, Suicide, Homicide

Reported by

Louis W. Allison, M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

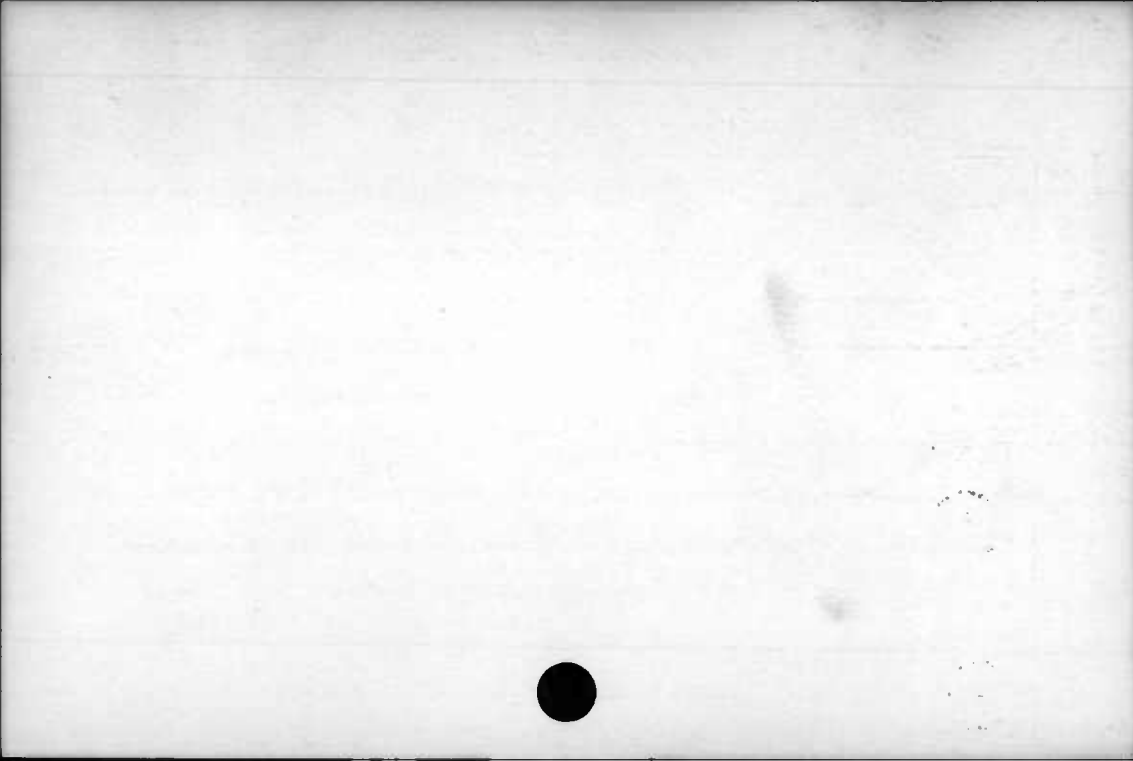
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jan</i>	Day <i>20</i>	Age	Years	Months <i>24</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Peter L Mitchell</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lissie M Truitt</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Peter L Mitchell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Thrush</i>	How long <i>100</i>	How long <i>2 weeks</i>
Immediate	<i>Don't know</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D B Halloney &amp; co</i>	
		Address <i>undertakers Salisbury Md</i>	
Accident or Suicide?			



Morris

Town

County

MARYLAND

Died at Salisbury Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan. 21

Age

1

Wicomico

Infant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

105

Father's

Name

Isaac Morris

Mother's

Maiden Name

Addie Adams

Cause of

Primary

By Gastro-Intestinal Defect 5 or 6 weeks

How long sick

Death

Immediate

Heart failure &amp; Dementia

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Dale Parker

## CERTIFICATE OF DEATH

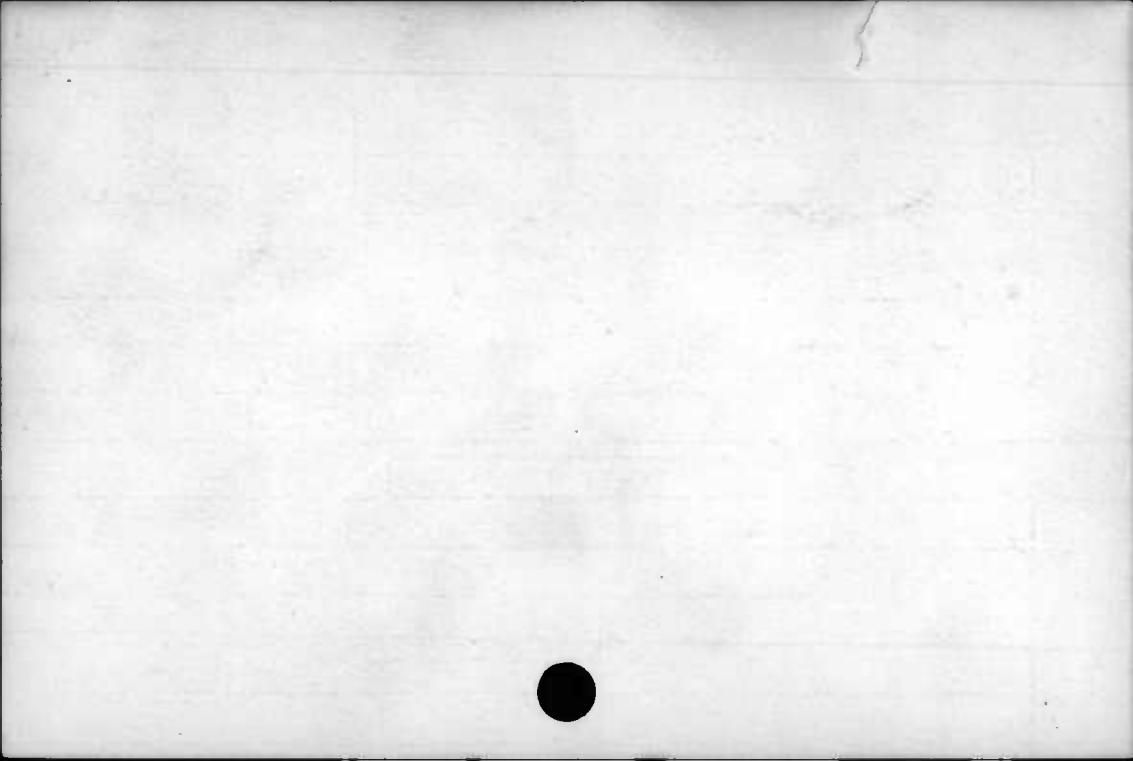
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>5 miles East</i> <sup>Town</sup> <i>Salisbury</i>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>7</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George Parker?</i>				Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Nancy J. Rayne Jr</i>				Mother's Birthplace <i>Md</i>	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>Three weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. M. Stemons</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex	Color or Race		Birth-place				
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Schobod Taylor

Town

County

Died at ~~City~~ Near Salisbury Wicomico

MARYLAND

1903 Month Day Y. M. D. Native of Occupation

Date 189 January 10 Age Don't know  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children livingHusband  
Wife of

Father's Name Schobod Taylor Mother's Name Mary Taylor

Cause of Primary How long sick  
Death Immediate Don't know 179 Accident, Suicide, Homicide

Reported by James M. Jones Undertaker

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Elizabeth P. Teasdale

CERTIFICATE OF DEATH

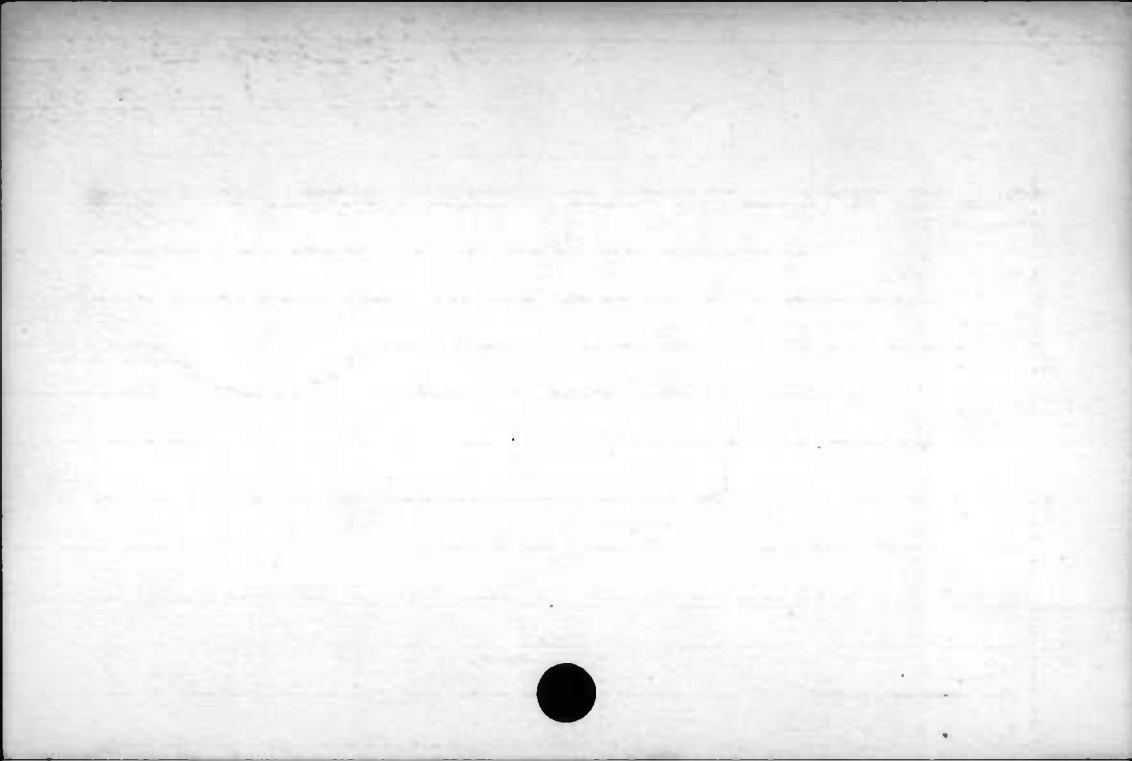
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death 1903	Month Jan	Day 22	Age 83	Years	Months 1	Days	
Sex Female	Color or Race White		Birth- place Surrey Co., Del.				
Married, Single or Widowed			Married		Occupation Boarding		
Name of Wife or Husband			C. W. Teasdale				
Father's Name			Jesse A. B. Bradley		Father's Birthplace Sommerfield Co., Md.		
Mother's Maiden Name			Sallie B. Taylor		Mother's Birthplace Sommerfield Co., Md.		
Name of person giving In formation			C. W. Teasdale		How related to deceased Husband		

## CAUSES OF DEATH

Primary	Asthma	How long	Several years
Immediate	General decline	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. W. Humphreys
		Address	Salisbury
Accident or Suicide?			Ind.

PHYSICIAN  
OR CORONER



*Infant Child*

Town

County

MARYLAND

Died at

*athel**Worcester*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**1-22*

Age

*-**-**13*

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

